

# Registration Form

## Pediatric Chronic Diseases Specialty Conference

Salt Lake City Marriott Downtown

Salt Lake City, Utah

April 16-18, 2010

### REGISTRATION OPTIONS

1. MAIL REGISTRATION. Complete this form and mail to: PPAG Meeting Services, 7953 Stage Hills Blvd., Ste. 101, Memphis, TN. 38133, USA
2. PHONE REGISTRATION. Call 901-380-3617 Extension 201
3. FAX REGISTRATION. Fax completed form to 901-266-4751
4. ONLINE REGISTRATION. Go to: [www.ppag.org/sc10](http://www.ppag.org/sc10)

### GENERAL INFORMATION

- The Deadline for Early Bird Registration is March 25, 2010.
- Full Registration includes all educational sessions, group meals, and opening reception.
- Full *Non-member* Registration fees include a one-year membership to PPAG (through 2011).

### REGISTRATION CATEGORIES AND FEES

*Please circle the appropriate fee.*

	Early Bird 03/25/10	Regular 04/12/10	Late/ Onsite
Member	400.00	450.00	500.00
Non-Member	600.00	650.00	700.00
Resident Member	300.00	350.00	400.00
Resident Non-Member	385.00	435.00	485.00
Student Member	150.00	200.00	250.00
Student Non-Member	215.00	265.00	315.00
Guest/Spouse	150.00	150.00	150.00

- **Refunds** will be given through 04/12/2010. A \$25 transaction fee will be assessed per refund. After 04/12/2010, no refunds will be given, but balances can be transferred to future meetings/conferences.

**Please call PPAG for special one-day pricing.**

### REGISTRANTS INFORMATION

Name: \_\_\_\_\_

Name of guest attending: \_\_\_\_\_

Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

*\*Registration Confirmation will be sent via email.*

### PAYMENT INFORMATION

#### Payment Type

*Please circle appropriate payment type*

Check enclosed

Credit Card (Circle)

Visa

Mastercard

American Express

Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Printed Name: \_\_\_\_\_

#### Payment Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_